

## Want to Get Involved with HCAO? Interested in Volunteering?

*Every person in Oregon should have equal access to equitable, affordable, comprehensive, publicly funded, high-quality healthcare. I want to get involved with the movement to bring comprehensive healthcare to everyone in Oregon. Sign me up!*



First Name	MI	Last Name
Street Address	City	Zip Code
Preferred email address	Preferred phone number	
Occupation	Employer	
Organizational Affiliation(s) other than HCAO	Date Submitted	

I am fluent in the following foreign language(s): \_\_\_\_\_

### I Want More Information

I want the following training:  Speaker/Presenter  Leadership  Lobbying  Other \_\_\_\_\_

### Activities I would like to be involved in include:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Anything! Call me when needed  | <input type="checkbox"/> Attend Events/Rallies         | <input type="checkbox"/> Blues Festival Volunteer Interest |
| <input type="checkbox"/> Board Interest                 | <input type="checkbox"/> Canvassing                    | <input type="checkbox"/> Circulate Information             |
| <input type="checkbox"/> Community Event Planning/ Work | <input type="checkbox"/> Contacting Legislators        | <input type="checkbox"/> Database/Data Entry Work          |
| <input type="checkbox"/> Donation Interest              | <input type="checkbox"/> Event Tabling                 | <input type="checkbox"/> Event/Party/Rally Planning        |
| <input type="checkbox"/> Event/Party/Rally Support      | <input type="checkbox"/> Friend-raiser Host            | <input type="checkbox"/> Fundraiser Host                   |
| <input type="checkbox"/> Fundraiser/Event Sponsorship   | <input type="checkbox"/> Gather Supporter Signatures   | <input type="checkbox"/> Healthcare Story to Share         |
| <input type="checkbox"/> House Party Host               | <input type="checkbox"/> Interviewing                  | <input type="checkbox"/> Join HCAO Committee/Group         |
| <input type="checkbox"/> Letter Writing                 | <input type="checkbox"/> Mailing Support               | <input type="checkbox"/> Media/Publicity Interest          |
| <input type="checkbox"/> Mentoring                      | <input type="checkbox"/> Office/Administration Support | <input type="checkbox"/> Outreach Work                     |
| <input type="checkbox"/> Phoning                        | <input type="checkbox"/> Photography/Photo Petitions   | <input type="checkbox"/> Recruit Business Supporters       |
| <input type="checkbox"/> Recruit Individual Supporters  | <input type="checkbox"/> Recruit Member Organizations  | <input type="checkbox"/> Social Media Outreach             |
| <input type="checkbox"/> Speaker/Presenter Interest     | <input type="checkbox"/> Train Others                  | <input type="checkbox"/> Transcribing (audio/video)        |

### Skills I Have To Share:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Accounting/Finance         | <input type="checkbox"/> Community Organizing       | <input type="checkbox"/> Communications     |
| <input type="checkbox"/> Event Planning             | <input type="checkbox"/> Fundraising                | <input type="checkbox"/> IT/Database Work   |
| <input type="checkbox"/> Legal Work/Expertise       | <input type="checkbox"/> Legislative Work/Expertise | <input type="checkbox"/> Media-related Work |
| <input type="checkbox"/> Mobilization/Outreach Work | <input type="checkbox"/> Office Work/Help           | <input type="checkbox"/> Photography        |
| <input type="checkbox"/> Speaking/Presenting        | <input type="checkbox"/> Training/Mentoring         | <input type="checkbox"/> Videography        |
| <input type="checkbox"/> Writing/Research           |   |   |

**Questions?** Contact Jana Gregory by phone at 971-235-3456 or by email at [oregon333@yahoo.com](mailto:oregon333@yahoo.com). Please scan and email the completed form to Jana or mail to the HCAO Office, 1443 SE 122<sup>nd</sup> Ave, Portland, OR 97233. You can also fill out this form on-line at <https://hcao.org/volunteer/>

*By filling out this form, we will make sure you are on HCAO's mailing list. That entitles you to receive HCAO's organizational newsletter and other communications. Infrequently, HCAO shares or trades its list with compatible organizations/projects when sharing or trading advances HCAO's mission. HCAO will NOT sell your name/contact information for any purpose.* (rev. 2017-0306)